

**PART B -FEE(S) TRANSMITTAL**

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N/A	(Signature)
N/A	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/540,660	12/02/2005	Istvan Bencze	17114/007001	2901
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TITLE OF INVENTION: METHOD AND SYSTEM FOR CONDENSATION OF UNPROCESSED WELL STREAM FROM OFFSHORE GAS OR GAS CONDENSATE FIELD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Patent	yes	\$755.00	\$300.00	\$1,055.00	February 25, 2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
Doerrler, William Charles	3744	062-613000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Osha Liang LLP</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.		3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Institutt for Energiteknikk

Kjeller, Norway

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order -# of Copies \_\_\_\_\_

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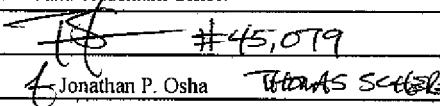
A check in the amount of the fee(s) is enclosed.  
 Payment by credit card.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

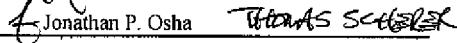
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Authorized Signature \_\_\_\_\_

 #45,079

Date February 2, 2009

Typed or printed name \_\_\_\_\_

 Jonathan P. Osha Thomas Scheele

Registration No. 33,986